

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

575
PRINTED: 08/27/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/23/2013
NAME OF PROVIDER OR SUPPLIER STAFFORD HEALTHCARE AT BELMONT			STREET ADDRESS, CITY, STATE, ZIP CODE 560 LEBO BOULEVARD BREMERTON, WA 98310		
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Quality Indicator Survey conducted at Stafford Healthcare at Belmont on 8/19/13, 8/20/13, 8/21/13, 8/22/13 and 8/23/13. A sample of 22 residents was selected from a census of 86. The sample included 16 current residents and the records of 6 discharged residents.</p> <p>The survey was conducted by:</p> <p>██████████ RN, BSN, MSN ██████████ RN, MN ██████████, RN, BSN ██████████ RN, BSN, MSN</p> <p>The survey team is from:</p> <p>Department of Social and Health Services Aging and Long Term Services Administration Residential Care Services, District 3, Unit B P.O. Box 45819 MS: N27-24 Olympia, Washington, 98504-5819</p> <p>Telephone: (253) 983-3800 Fax: (253) 589-7240</p> <p> 8/27/13 Signature Date</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Robert Washburn Administrator 9/4/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 242 SS=D	<p>483.15(b) SELF-DETERMINATION AND PARTICIPATION</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to consistently honor resident preference for frequency of showering for 1 of 3 Sample Residents (#37) reviewed for choices of the 22 resident included in the Stage 2 review. This failure prevented the resident from exercising his/her right to make choices regarding care and had the potential to decrease the resident's quality of life.</p> <p>Findings include:</p> <p>Resident #37 was admitted to the facility on [REDACTED] 13 with diagnoses to include [REDACTED] disease, [REDACTED] and [REDACTED]</p> <p>The Minimum Data Set (MDS), an assessment tool, dated 7/7/13, indicated Resident #37 was alert, oriented and able to make needs known. The MDS indicated the resident required extensive assistance of two persons with bed mobility and transfers and required extensive assistance of one person with dressing, toileting, personal hygiene, and locomotion in the facility</p>	F 242	<p>Resident #37 is now receiving the frequency of showers according to his preference.</p> <p>To accommodate our resident preferences we now include our shower policy in the admit packet. The policy states that we will make accommodations for resident shower requests. It instructs residents and/or responsible parties how to go about communicating the request in order to make it happen.</p> <p>In addition, during quarterly care conferences we will update the shower preference from resident and/or responsible party request. Any change will be made to the shower schedule.</p> <p>The DNS will be responsible to be sure the correction remains in place.</p>	9/13/13

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F 242	<p>Continued From page 2</p> <p>with use of a wheelchair. The resident required physical assistance of one person with bathing.</p> <p>The MDS further indicated that personal preferences in all areas of activities of daily living, including showering, were "very important" to Resident #37.</p> <p>On 8/21/13, review of the Shower Log revealed that Resident #37 was last showered on 8/16/13. Between 6/12/13 and 8/16/13, Resident #37 received one shower per week, except for one period, between 7/17/13 and 7/26/13, when the resident went nine days without a shower.</p> <p>On 8/19/14, Resident #37 was observed in his/her room, wearing a hat which covered his/her hair. The resident stated that he/she strongly preferred to be showered every other day but was only receiving one shower per week. The resident stated that the facility policy was one shower per week and staff never asked how frequently he/she would like to be showered. Resident #37 said he/she thought it was possible to pay extra money for additional showers but did not wish to pay the extra money.</p> <p>On 8/21/13 at 10:33 a.m. and 8/22/13 at 13:44 p.m., Resident #37 was observed in his/her room with head uncovered and hair appearing unclean. (On other occasions when Resident #37 was observed, he/she was wearing a hat.) On 8/22/13, the resident stated that one reason for needing more frequent showers was to keep the area around his/her central intravenous line clean.</p> <p>On 8/21/13 at 10:37 a.m., during an interview, Staff D stated the facility had two shower aides</p>	F 242		

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F 242	<p>Continued From page 3</p> <p>and she was the only shower aide assigned to Resident #37's wing. Staff D said the facility policy was that each resident received one shower per week but a few residents asked to be showered more often. Staff D said she tried to accommodate resident requests for more frequent showers but "sometimes there just isn't time." Staff D stated there was no formal process for documenting or communicating to managers or licensed staff when a resident indicated a preference for more than one shower per week. She did not recall Resident #37 asking for more frequent showers.</p> <p>On 8/21/13 at 10:50 a.m., during an interview, Staff C stated the facility policy was to give one shower per week to each resident but the policy was not in writing. Staff C stated the facility did not have a practice of asking residents about their preference for shower frequency. When asked, Staff C answered "Yes," it was up to residents to assert a preference for more frequent showers. (Staff C stated that the facility did not charge residents extra money for additional showers.)</p> <p>This failure to accommodate individual preference related to shower frequency prevented residents from exercising their right to make choices regarding their care and had the potential to decrease their quality of life.</p>	F 242			
F 318 SS=D	<p>483.25(e)(2) RANGE OF MOTION</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase</p>	F 318			

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F 318	<p>Continued From page 4 range of motion and/or to prevent further decrease in range of motion.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interview and record review, it was determined that the facility failed to ensure 1 of 3 Sample Residents (#78) consistently received prescribed range of motion services of the 22 residents included in the Stage 2 review. This failure placed the resident at potential risk for a decline in functional range of motion.</p> <p>Findings include:</p> <p>RESIDENT#78</p> <p>On 8/21/13 at 8:34 a.m. Resident #78, a non-interviewable resident, held the first finger on the right hand in a flexed position. The resident could not straighten his/her finger.</p> <p>On /21/13 at 10:25 a.m. Resident #78 held the last two fingers of the left hand in a flexed position. The resident could not straighten his/her fingers.</p> <p>Resident #78's current care plan directed restorative nursing staff to provide passive range of motion (PROM) for 15 minutes to all extremities all planes 5-6 days a week.</p> <p>Review of the resident's restorative nursing flow</p>	F 318	<p>Inservicing has been provided to our dedicated Restorative Nursing Assistant team regarding how to document refusals effectively to convey why treatment and services are not delivered as per the plan for #78 and all other residents on a restorative plan.</p> <p>The assigned RN Restorative team supervisor will monitor completion of flow sheets on a regular basis (at least) monthly to ensure accuracy and completion.</p> <p>The DNS will oversee to ensure ongoing compliance.</p>	9/13/13	

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F 318	<p>Continued From page 5</p> <p>sheet, a form used by restorative staff to document PROM services provided to the resident, for June 2013 and July 2013 noted during the week of 6/29/13 through 7/5/13 the resident received PROM services for 3 days. During the week of 7/20/13 through 7/26/13 the resident received 2 days of PROM services not 5-6 days as prescribed. There was no documented evidence on these flow sheets the resident refused the services.</p> <p>On 8/21/13 at 9:06 a.m. Staff J reported if residents refuse nursing restorative services, this should be documented on the reverse side of the flow sheet. The surveyor and Staff J reviewed nursing restorative flow sheets for June 2013, July 2013 and August 2013. Staff J observed there was no documentation of refusal of services by the resident.</p> <p>On 8/21/13 at 9.35 a.m. Staff K reported he/she was not sure why Resident #78 did not get nursing restorative services as prescribed during June 2013 and July 2013. Staff K reported Resident #78's left hand is contracted.</p> <p>On 8/21/13 at 10:38 a.m. Staff J reported he/she did not know what happened on those days where there was no documentation of PROM services for Resident # 78.</p> <p>Review of the March 2013, April 2013 and May 2013 restorative nursing flow sheets noted 3 days of PROM services were provided between 3/9/13 and 3/15/13; 2 days of PROM services was provided during the week of 3/30/13 thru</p>	F 318		

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F 318	<p>Continued From page 6</p> <p>4/5/2013; 2 days of PROM services were provided between 5/11/13 and 5/17/13; 2 days of PROM services were provided between 5/15/13 and 5/31/13. There was no documentation on these documents the resident refused restorative services. License nurse reviews of Resident #78 's restorative nursing program on 3/22/13 and 6/19/13 did not document the resident refused services on these days.</p> <p>On 8/22/13 at 8:04 a.m. Staff K was observed to provide PROM services for Resident #78. During the program Resident #78 became combative and Staff K had to stop the program.</p> <p>Resident #78 was prescribed 5-6 days of PROM services. Review of the resident nursing restorative flow sheets for March 2013, April 2013, May 2013, June 2013 and July 2013 noted multiple times where the resident did not receive 5-6 days of services with no explanation of why these services were not provided. Even though Resident #78's quarterly Minimum Data Set Assessments dated 3/8/13 and 6/6/13 assessed the resident as having no change in functional range of motion between these two assessments, the facility's failure to consistently provide prescribed nursing restorative services placed the resident at potential risk for a decline in functional range of motion.</p>	F 318			